

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 22, 2001 8:00 am
Secretary of State

03-22-2001 90073 015 ***150.00

DOCUMENT # **F96000000225**

1. Entity Name

~~29800000225~~

COURTYARD II ASSOCIATES MANAGEMENT CORPORATION

Principal Place of Business

10400 FERNWOOD ROAD
 SUITE 500
 BETHESDA, MD 20817-1109

Mailing Address

10400 FERNWOOD ROAD
 SUITE 500, DEPT. 72/923
 BETHESDA, MD 20817-1109

00028436

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

52-1955659

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
 1201 HAYS STREET, SUITE 105
 TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001: Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	PARSONS, ROBERT E. JR.	
STREET ADDRESS	10400 FERNWOOD ROAD	
CITY-ST-ZIP	BETHESDA, MD 20817-1109	
TITLE	SVP	<input checked="" type="checkbox"/> Delete
NAME	TOWNSEND, CHRISTOPHER G.	
STREET ADDRESS	10400 FERNWOOD ROAD	
CITY-ST-ZIP	BETHESDA, MD 20817-1109	
TITLE	AS	<input type="checkbox"/> Delete
NAME	WALLACE, SUSAN E.	
STREET ADDRESS	10400 FERNWOOD ROAD	
CITY-ST-ZIP	BETHESDA, MD 20817-1109	
TITLE	TREASURER	<input type="checkbox"/> Delete
NAME	WALTER, W. EDWARD	
STREET ADDRESS	10400 FERNWOOD ROAD	
CITY-ST-ZIP	BETHESDA 20817-1109	
TITLE	VP	<input type="checkbox"/> Delete
NAME	FREEMAN, BONNIE E.	
STREET ADDRESS	10400 FERNWOOD ROAD	
CITY-ST-ZIP	BETHESDA, MD 20817-1109	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	OLINGER, DONALD D.	
STREET ADDRESS	10400 FERNWOOD ROAD	
CITY-ST-ZIP	BETHESDA, MD 20817-1109	
TITLE	ASAT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VPT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE *Susan E. Wallace* SUSAN E. WALLACE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/7/01

Date

301-380-9000

Daytime Phone #

CR2E034 (11/00)